## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents Alexandria, Virginia 22313-1450 or Fax (703) 746-4000

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) 08/19/2003

Roger D. Greer, Esq. Greer, Burns & Crain, Ltd. Suite 2500 300 South Wacker Drive

Chicago, IL 60606



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Roger 🔊, Gr	eer	(Depositor's name)
Roger	1) grown	(Signature)
August 28,	200	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/945,545	08/30/2001	Wolfgang Hirschburger	0212.64064	1909
TITLE OF INVENTION: E	LECTRIC-MOTOR ROTA	RY POWER TOOL HAVING A LIGHT SOURCE WITH A SI	ELF-GENERATING POWE	R SUPPLY

4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Publication Fee  Payment by credit card. Form PTO-2038 is attached.  Advance Order - # of Copies  Advance Order - # of Copies  Deposit Account Number 07-2069 (enclose an extra copy of this form).	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	· 1	PUBLICATION FEE	TOTAL	FEE(S) DUE	DATE DUE		
LE, DANG D  2834  310-047000  Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address or indication of "Fee Address" indication form pTO/SB/122) attached.  Change of correspondence address or indication of "Fee Address" indication form pTO/SB/122) attached.  Change of correspondence address or indication form pTO/SB/122) attached.  Change of correspondence address or indication form pTO/SB/122) attached.  Change of correspondence address or indication form pTO/SB/122) attached.  Change of correspondence address or indication form pTO/SB/122) attached.  Change of correspondence address or indication for masses of up to 3 registered patent attorneys or agents. (1) the name of a single firm (having as a member a registered attorney or agents on the patent attorneys or agents. If no name is listed, no name will be printed.  Chassignee NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  S-B Power Tool Company  Chicago, Illinois  Chicago, Illinois  Chicago, Illinois  Ab. Payment of Fee(s):  Ab	nonprovisional	NO	\$1300		\$300	\$	\$1600		11/19/2003	
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names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  S-B Power Tool Company  Chicago, Illinois  lease check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government.  Abovence order - # of Copies  Advance Order - # of Copies  Advance Order - # of Copies  Advance Order - # of Copies  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, Deposit Account Number 17-2069  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, Deposit Account Number 17-2069	LE, D	ANG D	2834		310-047000	_				
Address from PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  S-B Power Tool Company  Chicago, Illinois  Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government.  Above the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government.  Above the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government.  Above the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government.  Above the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government.  Above the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government.  Above the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government.  Above the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government.  Above the appropriate assignee category or categories (will not be printed on the patent); individ	. Change of correspondent CFR 1.363).	ce address or indication of "Fo	ee Address" (37	names of up to	3 registered patent	attorneys or	Greer,	Burns	& Crain,	
The Address' indication (or "Fee Address" Indication form PTO/SB47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  S-B Power Tool Company  Chicago, Illinois  Please check the appropriate assignee category or categories (will not be printed on the patent);  The following fee(s) are enclosed:  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, Deposit Account Number 07-2009 (enclose an extra copy of this form).	☐ Change of correspond Address form PTO/SB/	dence address (or Change of C 122) attached.	Correspondence	firm (having as	a member a register	d attorney or	2			
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Authorized Signification (Date)  Fig. 5/25/23  G. 1950 1950 1950 1950 1950 1950 1950 1950	Authorized Signature)		(Date)		т					

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